

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010050

XC-429443 REG. # 32109  
FILED VS MAR 25 1960

Primary Registration District No. 3007 Registrar's No. 148

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>			Length of stay in 1b <b>22 DAYS</b>		c. CITY OR TOWN <b>FREDERICKTOWN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>201 DEGUIRE STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LLOYD</b> Middle <b>EMMETT</b> Last <b>ABERNATHY</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>1</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/22/90</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POSTAL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. GOVT. POSTAL SVC.</b>		11. BIRTHPLACE (City and state or country) <b>LONGTOWN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EUGENE ABERNATHY</b>			13b. MOTHER'S MAIDEN NAME <b>PRECIE WHITE</b>		14. NAME OF HUSBAND OR WIFE <b>FLORA ABERNATHY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>FLORA ABERNATHY (WIFE) SAME AS Item 2c&amp;d.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY SCLEROSIS AND OCCLUSION.</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>2 Years.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1. RHEUMATOID ARTHRITIS. 2. ARTERIOSCLEROSIS, GENERALIZED.</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. Attended the deceased from <b>February 8, 1960</b> to <b>March 1, 1960</b> and last saw him/her alive on _____							
Death occurred at <b>3:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ernest M. Tapp</b> (Degree or title) <b>ERNEST M. TAPP, M.D., Director, Prof. Svcs. Veterans Adm. Hosp., Poplar Bluff, Mo.</b>				22b. ADDRESS		22c. DATE SIGNED <b>3/2/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-4-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OLD MASONIC</b>		23d. LOCATION (City, Town, County, State) <b>FREDERICKTOWN MO.</b>			
24. FUNERAL DIRECTOR <b>NAJIM FREDERICKTOWN MO.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-21-60</b>		26. REGISTRAR'S SIGNATURE <b>R. Mueller</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Embalmer's Statement on Reverse Side)

YS MAR 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles McSarty*

Licensed Embalmer No. 4852

P. O. Address *Fredricktown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.